

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43415

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>358</u>		PRIMARY REG. DIST. NO. <u>6212</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bacon Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bacon Township</u>			
c. LENGTH OF STAY (In this place) <u>about 8 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>R#1 Schell City Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Vantellman</u> c. (Last) <u>Vantellman</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1950</u>				5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>				8. DATE OF BIRTH <u>Oct. 25, 1867</u>			
9. AGE (In years last birthday) <u>83 yrs</u>				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			
11. BIRTHPLACE (State or foreign country) <u>Knobnoster, Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Charles Vantellman</u>				13b. MOTHER'S MAIDEN NAME <u>Kisner</u>			
14. NAME OF HUSBAND OR WIFE <u>Augusta Rebecca Vantellman</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>NO</u>				17. INFORMANT'S SIGNATURE OR NAME <u>John Vantellman Schell City Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hardening of Arteries</u> DUE TO (c) <u>Extreme High Blood pressure</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>410X</u>				19a. DATE OF OPERATION <u>NO</u>			
19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>12-4</u> , 19 <u>50</u> , to <u>12-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>50</u> , and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. R. Richardson M.D.</u>				23b. ADDRESS <u>V. J. Jiffins Mo</u>			
23c. DATE SIGNED <u>12-13-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Dec. 14, 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Maass Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis &amp; Son</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 14, 1950</u>				REGISTRAR'S SIGNATURE <u>Mr. Sarah E. Gray</u>			
524				ADDRESS <u>Schell City Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 4 1951

Dist. File 157-18

Date Filed 1-9-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

*Marion M. Lewis*

Licensed Embalmer No. 3084

P. O. Address Shelf City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.